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Bib Data Sheet

CONFIRMATION NO. 1149

<b>SERIAL NUMBER</b> 10/039,837	<b>FILING OR 371(c) DATE</b> 10/18/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> S100-DIV2
<b>APPLICANTS</b> Robert J. Greenberg, Los Angeles, CA; Joseph H. Schulman, Santa Clarita, CA;				
<b>** CONTINUING DATA *****</b> <i>JPO</i> This application is a DIV of 09/515,373 02/29/2000 which claims benefit of 60/125,873 03/24/1999				
<b>** FOREIGN APPLICATIONS *****</b> <i>JPO</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/15/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>JPO</i> met Verified and Acknowledged <i>James P. Orsini</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 28284				
<b>TITLE</b> Visual prosthesis with operational data telemetry				
<b>FILING FEE RECEIVED</b> 520	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**APPLICANTS**  
 Robert J. Greenberg, Los Angeles, CA;  
 Joseph H. Schulman, Santa Clarita, CA;

**\*\* CONTINUING DATA \*\*\*\*\*** *SPO*  
 This application is a DIV of 09/515,373 02/29/2000 ABN  
 which claims benefit of 60/125,873 03/24/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *SPO*

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**\*\* 02/15/2002**

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**ADDRESS**  
28284

**TITLE**  
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